



VOLUNTEER APPLICATION

Thank you for your interest in volunteering with AIDS Network. Please complete and submit the following application to be considered for a volunteer position with our agency. If you have any questions or concerns, please call Mark Fetzko, Client Support and Volunteer Services Coordinator, at (608) 316-8621.

1. Name		
2. Street		Apt. #
3. City/State/Zip		
4. Home Phone: _____ Cell Phone: _____ May we leave a message? Yes No When is the best time to call you?	5. Work Phone: _____ May we call you at work? Yes No May we identify our organization? Yes No	
6. E-mail Address _____ 7. Facebook ID _____ 8. Twitter ID _____		
Note: Sections 9-14 are included to expedite our background check for new volunteers. Previous criminal history is not an automatic disqualifier for volunteer placement.		
9. Gender Male Female Transgender	10. Birth Date _____ If you are under 18, you will need to obtain parental consent.	11. Race/Ethnicity (Optional) African-American Hispanic/Latino Caucasian Asian Other
12. Have you ever gone by another name(s)? Yes No If yes, list names here:		
13. Have you lived in the state of Wisconsin for more than one year? Yes No		
14. Have you ever been convicted of a crime or have charges pending against you? Yes No		
If yes, please explain:		
15. Occupation:	16. Employer:	17. Full-Time/Part
18. Are you currently enrolled in school? Yes No Education/Grade level completed		

19. Do you have a valid driving license? Yes No (Please bring proof of insurance, license to training)

20. How many hours per month would you be able to commit to volunteering? (please circle one)
 2 to 4 hours 4 to 6 hours 6 to 8 hours 10 plus hours looking for a one time volunteer opportunity

21. What Times Are You Available to Volunteer? (Check Below)

	Mo	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

22. What type of volunteer opportunities are you interested in?

- Client Services
- Office Support
- Outreach and Prevention
- Special Events

23. How did you find out about AIDS Network?

24. What languages do you speak?

25. Do you have any special skills (computer, public speaking, writing, etc.)?

26. In case of an emergency, whom should we contact?
 Name: _____
 Relationship: _____
 Address: _____

 City: _____ State: _____ Zip: _____
 Telephone: _____ E-mail: _____

Client Services

Network volunteers assist clients in a wide variety of activities, providing both emotional and practical support. Activities include helping clients with light housework, picking up groceries at a food bank, and teaching basic computer skills. Volunteers do not, however, provide caregiver services. Short-term and long-term opportunities available.

Office Support

Network volunteers greet incoming clients with a smiling face and helpful disposition, help answer phones and answer questions, assist in keeping records up-to-date, and a variety of other activities in a relaxed, fun, but professional atmosphere.

Outreach and Prevention

Network volunteers increase awareness about HIV/AIDS prevention by speaking to school and other community groups. They also assist by staffing tables at fairs and other events, providing accurate information to the general public.

Special Events

Network volunteers help plan for and staff organization events throughout the year, ranging from Camp Bingo in the winter to the ACT Ride in the summer.

27. In order to volunteer with the AIDS Network, we require two references.

Personal Reference (not related):

Name: _____ Relationship: _____
Address: _____ City: _____
State: _____ Zip: _____ Telephone: _____ E-mail: _____

Professional/Academic Reference:

Name: _____ Relationship: _____
Address: _____ City: _____
State: _____ Zip: _____ Telephone: _____ E-mail: _____

28. Brief Questionnaire: Please take a moment to answer the brief questionnaire so we can assess what type of volunteer experience would be best for you. (Use additional paper if necessary)

1. Have you ever done any type of volunteer work? If so, where?
2. Why are you interested in volunteering with the AIDS Network? What do you hope to gain from the experience? What special skills or qualities do you have that make you an ideal candidate for a volunteer position?
3. Do you anticipate any life changes in the coming year that may impact your ability to volunteer with AIDS Network? (e.g., graduation, moving, travel, new job, etc.)
4. Do you have any physical or mental health concerns that we should be aware of that might impact your ability to participate in certain volunteer activities? Do you require any accommodations?
5. How has HIV/AIDS impacted your life? How do you feel about people living with HIV/AIDS?
6. Our clients, staff, and volunteers come from diverse backgrounds and lifestyles. They may include people of different ethnicities, genders, sexual orientation, socio-economic, political and religious backgrounds. They may include people with substance abuse histories and/or a criminal background. Are you comfortable working with people from different backgrounds?

The information given above is complete and correct to the best of my knowledge. I understand that I am applying to be a volunteer with the AIDS Network. I understand that all the information concerning clients, staff and volunteers of AIDS Network is confidential. I agree that AIDS Network may conduct a criminal history background check.

Signed _____ *Date*

Please complete this application and return it to:

**VOLUNTEER SERVICES
C/O AIDS NETWORK
600 Williamson St.
Madison, W 53703**

**phone: 608-252-6540, ext. 26
fax: 608-252- 6559
e-mail: mfetzko@aidsnetwork.org**

AIDS NETWORK IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION ORGANIZATION AND DOES NOT DISCRIMINATE BASED ON GENDER, AGE, RACE, COLOR, RELIGION, NATIONAL ORIGIN, ANCESTRY, SEXUAL ORIENTATION, MARITAL STATUS, ARREST AND CRIMINAL RECORD, MEMBERSHIP IN THE MILITARY RESERVE, OR DISABILITY.